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ADVANCES IN MEDICINE.

Of almost untold benefit to the human race has been the greatly increased knowledge of brain localization acquired by the profession since the eighties. Ferrier, Horsley, Fritsch and Hitzig have, by their localization of the functions (especially the motor centres) made possible the determining of the site of a tumor, abscess or cyst by the focal symptoms. Not only has there been a marked advance in the ability to diagnose brain conditions. The work of Broca, Macewen, Horsley and others has shown with what impunity the surgeon may, with modern antiseptic methods, trephine the skull, open the dura mater and interfere with the brain tissue itself. The precise and detailed rules for operation laid down by Horsley have made it possible not only to save the lives of many who would formerly have been considered hopelessly doomed, but by early operation on these cases, to avert that terrible calamity of total blindness, which has in so many cases followed the optic neuritis arising from the presence of brain tumors long neglected.

It has been said that modern surgery of the stomach is not six years old, and the best of it only three years old. The most striking advances in surgery in the year 1906 may be ascribed to surgery of the stomach.

Ulcer of the stomach is to-day largely a surgical disease. We all agree that in ordinary cases we must give our patients the benefit of a thorough trial of treatment by medicinal means (such as that given by Leuhartz at the Eppendorf Hospital in Germany: Absolute rest in bed for at least four weeks; ice bag applied almost continuously to the stomach. On the first day the patient gets 200 cm. of milk, half an ounce at a time, and three raw eggs. Two or three times a day he gets two grammes of bismuth subnitrate. Milk is increased at the rate of 100 cm. a day and one egg, so that at the end of the first week the patient is getting eight hundred cm. of milk and six to eight eggs).

For perforation of gastric ulcer, W. J. Mayo maintains that operation should be performed soon after the perforation occurs, because the result is generally fatal when operation is delayed

for longer than ten hours. During 1906 several patients were successfully operated on for ulcers of stomach and duodenum.

One-third of all cancers occur in the stomach. The reason that stomach cancer has not more often been treated radically is that formerly, in such operations, the death rate was very great. Another reason is probably the difficulty of early diagnosis. Mayo's mortality has been only fourteen per cent. A large proportion of cancers of the stomach have been found to develop in old ulcers.

An explorative section should, according to Robson, always be made early enough to allow operation to be of permanent benefit. When radical operation is impossible, he performs gastro-enterostomy, in which he has had a mortality of only 3 1-3 per cent. " If any lesson more important than another is to be learned from the work of 1906, it is that early diagnosis is the all-important matter. In many instances this is not to be attained without an explorative operation. The sooner we convince ourselves of the value and harmlessness of this procedure, the sooner will stomach-surgery come into the full usefulness which it is intended to enjoy."

An important advance has been made during the last thirty years in the diagnosis and treatment of cancer of the larynx. Prior to 1888, the information given in text-books with regard to the symptoms and laryngoscopic signs of the early stages of malignant disease was very scant. Thanks to the splendid work of Sir Felix Semon, and others, not only is it possible now to make an earlier diagnosis by the observation of otherwise inexplicable hoarseness, defective mobility of the vocal cord and microscopic examination of an intralaryngeally-removed piece of the new growth, but by the improvement in surgical technique and the earlier operation, the recurrences and deaths have been greatly reduced. Semon reports a cure in seventeen out of twenty cases; that is, they are well after from one to thirteen years' observation.

In the surgery of the heart some remarkable operations have been performed. In 1881, Dr. John B. Roberts, of Philadelphia, suggested heart suture. In 1894, Dr. Del Vecchio, of Naples, demonstrated its feasibility before the Eleventh International Medical Congress in Rome, by his experiments on dogs. In 1896, two years later, the human heart was sutured by Farrina and Cappelen. Rehns, Parrozani, Parlavecchio and Pagenstecher, by their successful suturing of the heart, have revolutionized the treatment and changed the probable outcome. Perhaps even more brilliant has been the extraordinary work accomplished during the last two or three years by Crile, of Cleveland. He has been able to cause a resumption of the heart beat after the circulation had ceased from six to twenty-four minutes. In two of these cases the circulation and respiration resumed their automatic role

again. In one other, the respirations were not established in good rhythm. He makes this rather formidable prophecy: "With further elaboration may we not be able to overcharge the blood with oxygen and instantly stop the heart by an electric inhibition, perform an operation upon an obstructing aortic valve, then promptly set the automatic mechanism of the heart in motion again? Even now one might have ten minutes' grace at one's command for the execution of a cardiac technique upon a quiescent heart."

One of the marked features of the past few years is the greatly increased interest taken in the physical condition of children. In London, England, female inspectors are employed by most of the London sanitary authorities. These women receive reports of all births occurring in the poorer districts and make regular visits to the homes, giving printed and verbal advice as to the feeding and management of infants. As a great deal of the early mortality is due to ignorance, such inspection is bound to have considerable effect in prolonging the lives of the young. The examination and systematic inspection of school children, with a view to the removal of cases of contagious diseases in their early stages, detection of defects of eyes, nose, ears and other organs, is now in force in some of the larger cities on this continent. All these movements indicate an increasing realization, on the part of the public and the authorities, of the value to the state of prolonging and re-enforcing human life. Already the average age of human existence is considerably greater than it was twenty years ago. When we consider how widespread the knowledge of sanitary laws is becoming; the diligent attention that is being paid, both by individuals and the state, to the preservation and betterment of the lives of children and to the improvement of their home environment, may we not have the vision of our children's children so far improved in health and vigor, that their existence may approach in length the years of the Bible patriarchs!

Doubtless some of you here present remember the difficulties women had to contend against a few years ago in order to obtain an advanced education. Great credit must be given to those courageous pioneers who were willing to face the opposition of narrow-minded trustees and professors, the scorn and derision of selfish male students, and the contempt of an ignorant public, in order to secure their diplomas in Arts or Medicine. But their heroism has borne fruit so abundantly that women at the present time have, in almost every department of our medical colleges and hospitals, equal advantages and opportunities with the men. As a result of this progress, and of the opportunities thus afforded them, we look to the women, not only to advance the interests of the profession in all its various branches, by research, discovery and invention, but to assist, with all that energy and perseverance which characterize them, in elevating, to even higher levels, that noble profession whose portals have been thus widely opened to them.

I would be remiss in my duty if I did not refer, briefly, at least, to the wonderful progress accomplished during the last twenty years in your own profession. The nurse is the valued co-worker with the physician, without whom all his skill and knowledge may prove of little practical use. It is difficult for us who have enjoyed this splendid co-operation and assistance throughout all our medical experience, to imagine the condition of those early physicians who had only the Sarah Gamps to help them in all their cases, whether medical or surgical. With what great self-sacrifice these early practitioners devoted themselves to their work, deprived of the efficient aid of trained nurses which we are privileged to enjoy, is illustrated by a modern example. In Cairo, Egypt, Britain established some twenty years ago a school of medicine. Immense difficulties were encountered by those early teachers. Capital operations were performed without assistants and without nurses. Mr. Milton, the surgeon, was wont to sit up all night watching his cases after grave operations. On one occasion, the patient being at death's door, Milton opened a vein in his arm and performed direct transfusion with his own blood.

But, thanks to Providence, the medical men of to-day have the assistance of skilled and cultured nurses, carefully trained in all the various departments of their profession; compelled to pass the strictest and most thorough examinations; with a prolonged practical experience in medicine, surgery and obstetrics—in every way equipped to render the greatest service to patient and doctor.

When we remember that only twenty-five years ago there was no training-school for nurses in this city; that the staff of nurses in the General Hospital was made up of seventeen women, illiterate, not too temperate, occupying bedrooms opening into the wards, and each carrying her knife, fork and spoon in her pocket; and then contrast the splendid record of to-day, when we find not only the General Hospital, but many other hospitals in our own city and throughout the Dominion, training women of the very highest type for one of the noblest professions, we are bound to give due praise to those who have been chief instruments in accomplishing this great advance in the profession of nursing.

Let me congratulate you on the establishment of this Association. By such a union you are helping to elevate your already high calling, protect your own interests, and thus also protect the interests of the public. You have rightly sought state registration. You have failed in your first effort. Be not dismayed. Remember that in all great causes, the education of the public, and of the parliamentary representatives of the public, is a slow, gradual and long-delayed process. Success comes surely to those who persevere. The very struggle to attain such an object will be a means of giving life and vigor to your Association.

Let me use, in closing, a few noble words addressed not long ago to women members of your allied profession of medicine:

"Let me warn you all that you have entered a profession in which success depends upon the most constant and exacting attention on the part of its members. . . . The profession (of medicine) has many drawbacks, yet who that is really interested in it would change it for any other? Is there any profession more useful and more unselfish than yours, and is there any other body of people of whom it can be said to a greater extent, that they are both the friends and advisers of their patients? Whatever may be our lot in the future, let us all recollect

"Our ancient lesson will be ever new;
That priceless lesson will be ever true;
Time did not teach it, time will change it not.
This, this shall last, though all our lore's forgot.
To give what none can measure, none can weigh,
Simply to go where duty points the way;
To face, unquestioning, the fever's breath,
The hundred shadows of the vale of death;
To bear Christ's message through the battle's rage,
The yellow plague, the leper's island cage;
And with our noblest 'well to understand
The poor man's call as only God's command.'
Ay, under every century's changing sky
Shall the Greek master's triple signal fly—
Faith, honor, duty—duty calmly done,
That shouts no self-praise o'er a victory won;
One bugle-note our only battle-call,
One single watchword, Duty! that is all!"

HARLEY SMITH.

NURSING IN TYPHOID FEVER.

Typhoid fever is a disease of active life, three-fourths of the victims are between the ages of 15 and 35. Children under one year are immune. It is more common among men, as they are more apt to drink infected water, being more often away from home, and are more exposed to cold and wet, thus reducing their vitality. This fever seldom develops in patients suffering from acute diseases, or severe chronic ones, and one attack gives immunity. It is found in the tropics, on the sea level, and in higher altitudes, and it is usually prevalent in the late summer, fall and early winter.

Typhoid fever is an infectious disease, caused by the introduction of a poisonous agent—the typhoid bacillus, into the body, The exclusive portal of entry is the digestive tract. The bacilli are most frequently found in water; in milk, when the cans are washed in infected water. The typhoid bacilli rarely leave the

body in expectorations or expired air, but are eliminated in the urine and feces. Hence the necessary disinfection of the excreta. These germs may live months, they will stand drying and intense cold. Contagion is carried by bed linen, clothes, rubber sheets, thermometers, drinking tubes, dishes, etc., and through negligence in cleansing the hands. Flies and other insects may carry the infection. The anatomical characteristics of typhoid are ulcers, and an enlarged spleen. The clinical characteristics are rose colored spots, the face flushed, the lips parched, the mucous membrane peeling off, the tongue furred and gradually becoming worse. In adults the pulse is usually of low tension; it is frequently dicrotic. The patient is usually apathetic, with finger nails and lips slightly blue. In children the pulse varies with the temperature, it is more rapid and not so dicrotic. The temperature is more remittent, the respirations are more regular throughout, and irritability is quite common.

The onset is often a chill, with a rise in temperature, usually gradual. There is a loss of appetite, a coated tongue, pains in the muscles and bones, more or less distressing. The head aches, and there is sometimes severe pain in the abdomen over the appendix. The patient usually goes to bed about the end of a week. The fever rises the first four or five days, reaches its maximum, and remains persistent from one to two weeks, varying slightly; the lowest in the morning. At the end of three weeks—the period of steep curves, in ordinary cases—it falls gradually to subnormal for four or five days, then is normal once more, and remains there. During the first week of the disease there is little ulceration of the intestines; in the second week, when the ulcers are deepest, there is the greatest danger of perforation. When the temperature breaks the ulcers begin to heal, and ten days afterwards, are well on the way to recovery. The toxic symptoms begin to disappear when the fever breaks, the tongue becomes clear, the spleen small and the rose spots disappear.

The treatment of typhoid is perfect rest, the recumbent position in bed. An untiring, observant nurse should be always at hand to give assistance to the patient in moving, and in every way to save the patient's strength. Two pillows are prohibited, and more than one blanket except when the patient complains of being cold. The mouth must be washed twice a day at least, for the patient's comfort, to enable him to take water better, to prevent complications, as ulcers, infected glands, otitis media, etc. Milk does not ferment as quickly if the mouth is clean. The throat should be sprayed with boracic sol., 10 per cent. The back should have every care to prevent bed sores. The temperature, pulse and respirations should be taken every three hours, and baths are usually ordered for temperature 102 deg. F. and higher.

Baths to reduce the temperature should be agreeable to the patient, so that he enjoys them and in consequence has a good drop

in temperature. Baths of 65 deg. for a temperature of 105 deg. are too severe; the results are bad; as the patient dreads and worries about them, and his nerves are upset. Some patients should have the water at 100 deg., others at 90 deg., 85 deg., etc. Ice bags or cold cloths are put to the head during, and after the bath. The time of the bath is 15 minutes, and the best effect is obtained by rubbing the patient lightly, except over the abdomen, the friction stimulates the circulation and causes reaction and perspiration. The patient should be removed at once from the bath if the character of the pulse becomes bad or if cyanosis is very marked. Such cases must be reported to the doctor, as also those who fail to react after the bath. Whiskey or heaters after a bath should be given only with the doctor's permission. Sponges are given if preferred, or if the patient is too heavy to lift; though the effect is not as good as the tub bath.

The diet in typhoid fever is milk par excellence,* other liquids are used so that the patient will not tire of milk. Some doctors do not order semi-solid food until ten days after the normal temperature is reached, thus giving time for the ulcers to heal. The appetite by that time should no longer be capricious, and the tongue should be clear. Other doctors give semi-solid food, as custards, junkets, etc., through the course of the fever. Each case must be a law to itself, as there may be stomach complications.

In Lakeside Hospital, Cleveland, the diet during the fever consists of six ounces of milk, alternating with six ounces of albumen every two hours during the day, and once or twice during the night. Four ounces of water are given every fifteen minutes during the waking hours, amounting to from eight to fourteen pints in the twenty-four hours. The large quantities so given are well borne. An occasional patient rebels, but is soon persuaded that his comfort is greatly increased by this treatment. The amount of urine eliminated in many cases reaches two gallons in the twenty-four hours. Many good results are claimed by the doctors, from this method of hydrotherapy, employed with the cold bath treatment of the disease. The patients are much more comfortable, headaches are not so common, tongues and mouths are kept cleaner and more moist; apathy, deafness, restlessness, nocturnal delirium and other nervous and toxic symptoms are lessened. Complications, major and minor, are fewer among the patients. The mortality as well as the severity of typhoid fever seems to be diminished. Bowel movements are apparently little affected by the large amount of water taken. A soapsuds enema every other day p.r.n. is the standing order.

The disinfection of the defecations and urine, must be rigorously carried out, and masses of fecal matter broken up. Bed and

*The brilliant work of Sir Almroth Wright has now taught us that milk should not be the sole diet, other fluids should be given.

personal linen must be carbolized immediately on removal. A number of dishes, thermometers, medicine glasses, bed pans, etc., must be set aside and marked for the use of typhoid cases, and must be thoroughly disinfected before being used for others. Boils are not uncommonly met with, they are due to loss of vitality and emaciation.

In toxic cases when the nervous symptoms develop, due to the irritation of the brain cells, there may be low mutterings, the patient may pick at the bed clothes, or he may have coma vigil. The violent type of delirium shows congestion of the blood vessels. The treatment consists of sedatives, as cold baths, an ice cap or ice coil to the head, and bromides. Opium is not given, as it would mask the signs of perforation and hemorrhage. Delirium at the end of the first week shows that pain is a marked feature; at the end of the third and fourth week it is insignificant.

Hemorrhage occurs during the second or third week of the fever. Ulcers deepen and perforate blood vessels, which start bleeding. This may occur in five to six, and even twelve hours before it appears in the stool, but generally in two to four hours, as the hemorrhage usually increases peristalsis. Symptoms of hemorrhage are: The condition of shock—The general appearance is changed—the patient loses his apathetic expression, which is replaced by a peculiarly anxious one—the face is pale, and somewhat livid—there is grayness about the nose, and the angle of the mouth—there are beads of perspiration on the brow, and the body is wet—the feet and hands are cold and cyanotic. The pulse becomes faster, smaller, and very irregular, it loses its dicrotism. The temperature in a case of slow oozing may not drop; if there is a rapid hemorrhage it may drop 7 or 8 deg. The treatment of hemorrhage depends on the severity of the case. The first essential is absolute rest. The foot of the bed should be elevated, and an ice bag over the right iliac region acts as a sedative. Morphine, atropine and opium are sometimes ordered. Morphine grain 1-4 by hypo., every four hours, until toxic symptoms appear, as it acts in two ways—quiets the patient and constipates, and so lessens peristalsis. All food is withheld, but water and cracked ice may be given in small quantities.

Perforation occurs in typhoid only in a few cases. One ulcer becomes unusually deep and breaks through; some of the contents of the intestine gets into the abdominal cavity and sets up inflammation. This may happen during the first three weeks of typhoid before the temperature breaks. The symptoms are pain in the abdomen, which may be severe, or may be slight but persistent; there may be nausea and vomiting. The respirations change, at first they become more rapid due to the abdominal pain; the breathing becomes entirely costal when the perineum is inflamed. The muscles on the inflamed side of the abdomen stiffen and become rigid. The pulse becomes hard and staccato, no longer

undulating. The temperature goes up gradually. The rate of the pulse and respirations, the blood pressure, the number of leucocytes, all are increased. This state usually develops in about half an hour. The treatment is an operation if possible, sewing up the perforation, and washing out the abdomen. Large doses of morphine are sometimes given. Nature tries to wall off the trouble as in appendicitis, but in typhoid there is little time.

Distension of the stomach and bowel in typhoid fever is not uncommon. It is due to the bowels not acting, as the peristaltic movement is partially paralyzed, and the gas is not expelled. The diet must be first considered. Milk diet in typhoid often causes fermentation, as the secretions of the stomach are lessened, and normal movements stopped. The milk must be peptonized, or a change made to albumen and broths. Carminatives may help early in the trouble, hot water, the aromatic spirits of ammonia, peppermint, etc. This condition can be relieved by the passing of the rectal tube, by emulsion of asafœtida, by turpentine enemata, and by catharsis. Turpentine stupes to the abdomen stimulate the skin, cause counter irritation, and so help peristalsis, and relieve the pain and distension. An ice coil relieves sometimes when the hot stupes do not, as the cold lessens fermentation.

The heart action may be weakened by the poisonous bacilli. It is very necessary for the nurse to watch the volume, tension, and irregularity of the pulse—as stimulants must be used early in the trouble. A rapid pulse at the end of the first week may indicate heart trouble.

The complications of typhoid, as bronchitis, pneumonia, etc., will not be considered in this paper.

In typhoid fever, as in every acute disease, the nurse should keep a record of all medicines, treatments, etc. The amount and character of the sleep, the baths, how taken, and the result in temperature, the amount and kind of nourishment taken, the evacuation of the bowels and the bladder, the chills, the delirium, the muscular twitching, the pain, etc., all should be recorded at the time. The chart of the temperature, pulse, and respirations should be always accurately kept and ready for the doctor's inspection.

The characteristics and idiosyncrasies of each patient must be watched and studied, and great tact must be used to carry out the treatments.

FLORENCE L. ASHTON.

I WANT you to feel how noble is the life before you, and I foresee for you that which has been to me a source of happiness—the satisfaction of work well done, of success where hope seemed dead, the pleasure of watching the return of health, of seeing the rose replace the lily.

S. WEIR MITCHELL.

THE HEAD NURSE—WARD HOUSEKEEPING AND GENERAL MANAGEMENT.

In the general management of a large ward or a section of a hospital, a head nurse will find ample opportunity for the exercise of both technical and executive ability. The nurse whose professional education has been built on the solid foundation of a thorough practical knowledge of housekeeping, is, as a rule, better fitted to fill such a position than the woman without practical domestic experience. It is not unnatural that a feeling of bewilderment should take possession of even the most self-possessed nurse who finds herself thrust into such a position, in a hospital to which she is a stranger, but a couple of days in the place, will make a decided change in that respect, and a couple of weeks ought to see the clouds disappearing entirely from her horizon. She should begin to see the situation clearly. From the very beginning the head nurse will do well, even though it may not be a rule in that particular hospital, to be always at her post when the nursing staff changes. Only thus can she be sure that the orders will receive prompt attention, that appliances used by the staff going off duty are all in their proper place, that the entire department of which she has charge is left in order, that the work for the next relay starts out as it should. The very fact that she is there, and notices such details will have a good effect in keeping up standards of work.

To make a careful observation of the standing orders will perhaps be her first duty—the orders and rules that apply to her—those that apply to the nurses she will direct. After that will come the looking over the records and the details of the ward in general. It is well for her to understand that there is no detail that may pertain to the comfort of the patients, or the general well-being of the ward, for which it is not her business to be responsible, nothing so small that she can afford to be careless about it.

The periodical supervision of the condition of the beds is one matter that head nurses are inclined to overlook. It may as well be taken for granted that there will always be nurses, who, regardless of how thoroughly they have been taught, will be careless about their bed-making if they are allowed to be. In beds on which the spread is straight and neat, beds which to the superficial observer appear to be up to the mark, it will often be found that three or four days after an operation, the operating room stockings are still in a heap at the foot of the bed, and the towel that was pinned in place to protect the sheet while the patient was recovering from the anesthetic, is still there under the pillows, showing that the bed has not been thoroughly made in that

time. At other times, crumbs will be found, increasing the discomfort of a patient already worn with pain and restlessness.

Another matter that demands careful supervision is the trays. For that reason it is highly important that a head nurse should always be in her ward when regular meals are served. She is needed to see that the food is properly served, to note the appetite of the patients, to be sure that helpless patients or those confined to a recumbent position, are either fed, or have the food given to them, so that they can take it with the greatest ease possible for them. On a visit to a typhoid fever patient in a private room, recently, he was found with a good slice of broiled steak (which he was allowed to chew), cooling before him. He was absolutely confined to the recumbent position, and the thoughtless nurse had simply carried the piece of steak as it came from the kitchen, set it on the table, and walked out without cutting it, or in any way attempting to prepare it so that he could eat it. There are a great many thoughtless pupil nurses in the training schools of to-day, nurses who might be expected to display more real ability in managing such things, than they do. It is not enough that they are taught how, and when a thing should be done, but some one must be on hand to see that it is done.

How is the head nurse to do this if physicians persist in coming at meal time to make their rounds? In some of the leading hospitals in New York there is a standing rule posted in conspicuous places, to the effect that no physician who comes to do dressings or make rounds at meal time (the regular hours), is entitled to the assistance of a nurse. It is a wise measure that should be observed in every hospital. Once the doctors understand that such a rule is there, and will be enforced, they will adjust their hours to more convenient times.

The preparation of the diet sheet is another duty that falls to the head nurse. Usually these are prepared at night, sent to the superintendent to be signed, and when the sheets from all departments are collected, the quantities are aggregated and sent to the housekeeper. There are some few of the head nurse's duties that may safely be left to pupil nurses, but this is not one of them. Not long since, a superintendent found that a head nurse was actually requiring a probationer, as a routine practice, to make out the diet sheets, and order the supplies for the ward, while she attended to, what she considered, more important duties.

One of the most common errors to which head nurses are liable, is the doing of the actual duties that ought to be performed by the pupils, thus allowing them to depend on her to supplement their efforts, instead of supervising and teaching. This is one of the chief reasons for failure with some head nurses. Instead of using their brains to plan and systematize the work, and teach, they dabble in perhaps every duty the nurses have to do. If the nurse did not get round in time to dust the ward, they dusted it,

they cleaned cupboards, made beds, wrote up records, did whatever they saw to be done, and very soon the nurses learned that certain things might be left every day, and the head nurse would attend to them. In many cases it would certainly be easier to do the things, than to take the pains to instruct a novice in the art, or to plan a whole morning's work in detail, and show a nurse how to go about her work systematically and get through, but that is not training nurses.

In the matter of bed-linen a good deal of care needs to be exercised. There has been of late years an outcry from private homes about the extravagance of nurses regarding linen, a fault for which our hospitals are mainly responsible. There is a happy medium to be aimed at in this matter. Too great economy is never commendable, neither is extravagance. The laundry work in a hospital is always a heavy item. An investigation, recently, as to the reason for the constant cry of shortage of linen, in a certain hospital, showed that some nurses changed beds every time they gave a patient a bath, whether the linen was soiled or not. Clean folded sheets were used as pads under bedpans, and for various other irregular purposes, while the same kind of extravagance was discovered in the matter of towels. All the time the head nurse was there, seeing about treatments, personally directing the nurses in some matters, and entirely ignoring the question of linen, as though it was something for which she had no responsibility.

In the matter of regular household work and cleaning, a head nurse will save herself much needless anxiety by making out a schedule covering the entire department of which she has charge. Only thus can she hope to keep her section in good condition. If ward maids or nurses find that it makes no difference whether they sweep or dust before noon or after, embarrassments will constantly occur. When this schedule has not been made, it has happened that the ward has been undergoing a sweeping while the patients' dinners were being served—an actual fact, in this age of supposed sanitary intelligence. It is well also to remember that once duties have been assigned to Jane, they are not to be performed by Maria or by Peter, even if Maria and Peter are good natured enough to offer to do them. Ten chances to one, Maria and Peter are themselves neglecting something on their own schedule, while they are posing as kind-hearted individuals where they do not belong. When a heavy day comes the effect of good or bad management in this respect will be most in evidence. There are occasions when, perhaps, she can afford to excuse indifferent work, but no probationer or pupil nurse should get the impression that a head nurse is "easy going," and that slackness will be tolerated.

The necessity of having a place for everything and insisting that it be kept there, when not in use, is another matter that re-

quires frequent emphasis. Valuable time is wasted, tempers are ruffled, harsh words are spoken, often, because this rule is not adhered to in some hospitals. A night nurse, for instance, uses a hypodermic syringe, or a roll of adhesive plaster, drops it somewhere and forgets about it. The day nurse comes on, thinks she can go immediately and put her hand on it, and has to chase hither and thither searching for the missing article. Hypodermic needles are left without wires, and, next time they are needed, a new needle has to be sent for. When these things occur the fault lies very largely with the head nurses. They do not hold nurses strictly to account for these things, or follow up till they find the delinquent.

The daily inspection of refrigerators, ward lockers, table drawers, takes but a few minutes and goes a long way in keeping those out-of-sight corners in proper condition. In the matter of plumbing, too great care cannot be exercised to see that dressings or other insoluble matter are not allowed to obstruct the flow of water. Likewise the need of repairs should be promptly reported. When a screen is found broken, a rocking chair that needed but a screw to put it in order, a door that creaks, or that will not open or close properly, and a general run-down condition prevails, it is pretty plain evidence that the head nurse in that department is in the wrong place.

A point that sadly needs calling attention to is regarding the use of screens in wards. It would seem, from observation, that this laxity is more likely to be found in the large hospitals with large wards than in the smaller hospitals. Frequently the authorities of the hospital are to blame in that they have not supplied easily movable screens, or enough of them, but, it may safely be inferred, that if there was an urgent demand for more screens they would be provided. Many nurses are apt to be careless of this matter, and some will think nothing of giving a bath or exposing a patient for a perineal dressing in a ward without a screen. Even in walking down the corridors of some hospitals, a visitor will see ample evidence that laxity of this kind is far too common. It is bad for the nurse herself to allow her to be so careless, and it is certainly not conducive to the comfort of the average patient to be thus exposed.

The abuse of hospital supplies and appliances is one of the very frequent complaints heard. It is a point on which much depends on the head nurse. Eternal vigilance, with careful accounting for supplies, are the only ways by which those addicted to such carelessness can be made to feel their responsibility for the proper use of the appliances provided.

Every now and then, the announcement is made of the poisoning of a patient in the hospital, by a wrong dose of medicine. No head nurse who appreciates her responsibility, will ever allow herself to be guilty of carelessness where drugs are concerned,

neither will she tolerate carelessness in the nurses whom she directs. There are a few lessons that need to be repeated seventy times seven, or oftener, in a nurse's course. One of these lessons is regarding the precautions to be used in the handling of drugs. Teach them first, that there is an element of danger in every drug; teach them never to give or use a drug of any kind that is not labelled; never to give a drug in the dark; never to omit reading the label carefully and measuring the dose accurately; never to use a pill or capsule that has escaped accidentally from its container; never to give a medicine they have a shadow of a doubt about; teach first, last, and all the time,the necessity of being careful in reading the label; that it is not enough to glance at a bottle and see, the word "opium," for instance, without taking time to notice whether it was the tincture, or the camphorated preparation. Teach that they must not hastily jump at conclusions regarding doses, for instance, must not rush off and give two one-thirtieth grain tablets of strychnia, because one-sixtieth is ordered, and they happen to know that twice thirty is sixty. Teach these few principles thoroughly, drill them on them frequently, keep the most strongly poisonous drugs separate from the others, write orders clearly and distinctly, and such accidents will be few and far between.

One other detail on which head nurses are apt to fail is in the arranging of "off duty hours," for their nurses. On rare occasions when the work is specially heavy or in time of emergency it may be necessary to deprive pupil nurses of rest time that is rightfully theirs, but these occasions should be exceptional. No head nurse should feel it her privilege to retain nurses over the regular hours on duty for extra work, or to allow them to miss their time off without reporting to the superintendent why it was necessary. The custom of requiring head nurses to report each Saturday night, how much off duty time each of their nurses had had during the week, would help considerably, in securing for pupil nurses the time for study and recreation that justice to them demands. In many cases where nurses are habitually on over time, it may be traced to lack of system or bad management, rather than the usual pressure of work. If a head nurse cannot manage the work so as to give, unless in exceptional conditions, her nurses the time off they are supposed to have, the matter is one to be reported to the superintendent and possibly to the board for consideration.

A point which has caused embarrassment in many hospitals has been the neglect on the part of the head nurse to notify the superintendent when she herself was leaving the hospital for a few hours or an afternoon off duty. This, common courtesy and justice to the work of the hospital demands. No head nurse, who is really fitted to direct others, will be guilty of this failing, which is more than a breach of courtesy, it is a breach of trust.

CHARLOTTE A. AIKENS.

AN AVALANCHE.

Avalanches, fortunately, are not common in Newfoundland, but one occurred at Burin a few days ago which very nearly cost two of the inhabitants their lives.

The house in which they lived stood at the foot of a hill about one hundred feet high. Suddenly tons of snow and ice and stones came down from the hill, burying it many feet deep. The roof was swept off and crashed into a stable opposite, forcing in the wall and causing it to collapse.

The neighbors soon gathered and began to dig out the prisoners. After six hours' work, when a trench of thirty feet had been made, the house was reached, but there was no sign of the man or his wife, although moans were heard, showing they were alive.

After another hour's work they were found lying on their backs under the wall of the house, and the rescuers had to crawl in on hands and knees to where they lay. Their lives were saved by the wall resting on the stove and a barrel of flour. The woman had a bruise on her head where she was thrown ten feet, striking a chair and breaking it in pieces. Her right arm was terribly burnt and crushed, and when she arrived at the hospital it seemed probable that she would lose it. It was difficult to make her realize the necessity for this. She said: "It is all very well for yous; yous can pay some one to work for you, but who will keep me clean if yous cut off my arm?"

She begged hard to have her husband put in the bed next her so that she could "only look at him." She had not seen him since the accident, as they had been taken to different houses, and was afraid he would not reach the hospital alive.

His burns were more extensive. When found, a kettle that was boiling on the stove was lying on the abdomen, with part of the stove and fire between his thighs, the right collar bone was broken and the right arm terribly crushed and burnt.

Both patients are doing well and likely to recover, though probably with useless right arms.

Winter seems only to have begun this month; snow-storms nearly every day, and—a most unusual occurrence—in the height of a snowstorm, thunder and lightning.

A patient with a fractured patella, brought a distance of eighteen miles, had to be taken out of the sleigh and carried over the "gulches," so bad were the roads in places.

OUR OWN CORRESPODENT.

SWAN RIVER COTTAGE HOSPITAL.

The work of renovating the Cottage Hosital was completed this week and the result of the latest improvements is a credit to the management and especially to the taste of the Superintendent, Mrs. Mounsey. Our Hospital is an institution that a more pretentious town might be proud of and is conducted in a manner to reflect credit on the management. The latest improvements include decorating of the walls and ceilings of the office, dining-room and rooms for staff with white muralo and the walls of the wards and kitchen with pale green sanitas and the ceilings of the wards with cream sanitas. The operating room is done with white sanitas and the wood-work painted white and the walls have been painted dark buff. The whole effect is bright and conducive to a cheerful state of mind.

Miss Lena Grey, a graduate of Worcester Memorial Hospital, after completing the four months' course in district nursing at the Ottawa Home, has accepted the position of district nurse at Brantford; the work will be carried on under the V. O.

Miss Viola Wallace, graduate of the Sick Children's Hospital, and V. O. Home, Toronto, has joined the staff of the V. O., Hamilton.

Miss Mary T. Keith and Miss Beatrice Pearce are leaving at once to take charge of the Lady Minto Hospital, at New Liskeard.

Miss Edith Ferdin leaves in a few days to fill the position in the Revelstoke Hospital, made vacant by the resignation of Miss Hattie McLean.

Miss Jean Douglas, graduate of Worcester Memorial Hospital, has accepted the position of assistant to Miss Hardy, at the Ottawa Home.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Paré.*

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.
District Chaplain—Rev. Arthur French, 1773, Ontario Street.
District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

As was noted in the last issue, in accordance with the invitation of Miss Brent, the regular monthly meeting of the Guild of St. Barnabas was held at the Nurses' Residence of the Sick Children's Hospital, on April 26th. The attendance was good, those present being the Chaplain, the Superior, and 8 nurses. One associate was admitted as member.

As it was not certain when Miss Wood, the General Secretary, would be in Toronto, no definite arrangement could be made for her visit. Miss Wood has been travelling in India, New Zealand, and Australia, visiting the different branches. Since our meeting we have heard that she will very soon arrive in Vancouver, so we hope to have her with us at our meeting early in June. The nurses are requested to make a special effort to be present, as Miss Wood's description of the methods of work in these countries, which, as being among heathen, must necessarily be different from ours, cannot fail to be most interesting and instructive.

After the service, the members were shown over the new residence. The building is most tastefully fitted up with everything to make a nurse's life easy and comfortable. Refreshments were served in the reception room.

The anniversary service will be held in June, over at the Summer Hospital of the Sick Children's Hospital. It is hoped that all members will attend if possible. Notice will be given later.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.

—Sir Walter Raleigh.

Who care
Only to quit a calling, will not make
The calling what it might be;—Who despise
Their work, Fate laughs at, and doth let the work
Dull and degrade them. —*Jean Ingelow.*

There is no duty we so much underrate as the duty of being happy.—*R. L. Stevenson.*

It is a great thing to have brotherly help in life. We all need each other. Not one of us could get on without others to share his burden.—*J. R. Miller.*

The best romance becomes dangerous, if by its excitement it renders the ordinary course of life uninteresting, and increases the morbid thirst for useless acquaintance with scenes in which we shall never be called upon to act.—*Ruskin.*

Our Daily Bread.—I hope, friend, you and I are not too proud to ask for our daily bread, and to be grateful for getting it? Mr. Philip had to pray for his, in care and trouble, like other children of men; to work for it, and I hope to pray for it, too. It is a thought to me awful and beautiful, that of the daily prayer, and of the myriads of fellow-men uttering it, in care and in sickness, in doubt and in poverty, in health and in wealth. Panem nostrum da nobis hodie. Philip whispers it by the bedside where wife and child lie sleeping, and goes to his early labor with a stouter heart; as he creeps to his rest when the day's labor is over, and the quotidian bread is earned, and breathes his hushed thanks to the bountiful Giver of the meal. All over this world what an endless chorus is singing of love, and thanks, and prayer. Day tells to-day the wondrous story, and night recounts it unto night. How do I come to think of a sunrise which I saw near twenty years ago on the Nile, when the river and sky flushed with the dawning light and, as the luminary appeared, the boatman knelt on the rosy deck and adored Allah? So as thy sun rises, friend, over the humble housetops round about your home, shall you wake many and many a day to duty and labor. May the task have been honestly done when the night comes; and the steward deal kindly with the laborer.—*W. M. Thackeray.*

The Canadian Nurse

VOL. III. TORONTO, JULY, 1907. NO. 7

Editorial.

THE CANADIAN NURSE IN PARIS.

Our readers are already aware that we are to be represented in Paris, by a member of our Editorial Board, Miss Bella Crosby, of Toronto. The high respect in which Miss Crosby is held by the profession, and the services she has already rendered as a member of various Nurses' Associations, and especially as the President of the Central Registry of Nurses in Toronto, which is almost, if not quite, the largest organization of nurses in Canada, in point of members, make the choice of her as our representative in Paris a peculiarly fortunate one, and all our readers will join in wishing for her a pleasant and profitable visit to Paris and a safe and speedy home-coming. We know that she will represent us well.

A GRADUATE NURSES' CLUB FOR TORONTO.

Toronto proposes in the near future to follow the good example of Montreal and other cities, and have a Club-house for nurses. To this end, as our readers will see on another page, the Graduate Nurses' Club has been organized and steps taken to provide the necessary funds. In the first instance, an entertainment is to be given in the Grand Opera House, which, it is hoped, will be very successful. It is thought that not less than $15,000 will be required, in order to purchase, or erect, a suitable club-house. The Toronto Central Registry of Nurses has done good work both in Toronto, and in time of need, in other parts of Canada, and it is, of course, intended that this and all other Nurses' Associations and organizations who wish shall make their home and headquarters for Toronto at the club-house. The present office is, 644 Spadina Avenue. We heartily commend this project to our readers, and wish it the greatest success. The following is the list of officers:—Miss Lucy Bowerman, President, 349 Sherbourne Street; Miss Kate Mathieson, 1st Vice-President, Isolation Hospital; Mrs. A. Paffard, 2nd Vice-President, Poplar Plains Road; Mrs. R. H. Greer, Secretary, Bain Avenue; Miss E. Argue, Treasurer, Victoria Memorial Hospital. Directors:

Miss Brent, Sick Children's Hospital; Mrs. Yorke, 400 Manning Avenue; Miss Mary Gray, 505 Sherbourne Street; Miss Josephine Hamilton, 262 Jarvis Street; Miss Graves, St. Michael's Hospital.

NEW POSTAL REGULATIONS.

The Dominion of Canada and the United States have made a new agreement in regard to postal regulations, the consequence of which is that Canadians will have to pay more for magazines published in the United States and *vice versa*. THE CANADIAN NURSE has about 200 subscribers in the United States, and as it is probable that each magazine is read by at least five persons, we have over 1,000 readers in that friendly and hospitable country, bound to us by so many ties. Since the new postal law is made, it must be obeyed, and that means we have to pay two cents extra every month on every copy we send to the United States. We regret that, therefore, we must now charge for postage. The annual subscription to THE CANADIAN NURSE in future for subscribers in the United States will be $1.25.

WE WELCOME CANADA.

In these kind words the *British Journal of Nursing* announces to its readers the appointment of Miss Crosby: "THE CANADIAN NURSE has appointed Miss Bella Crosby as its representative at the Conference. This lady will attend and present the report in the Professional Press section, of THE CANADIAN NURSE. This journal, which is published monthly in Toronto, is rapidly becoming the recognized organ of trained nurses all over the vast Dominion. It is sound on State Registration, professional organization, and all the higher aims and ideals, without which no profession can obtain the public confidence and retain its respect. We welcome Canada."

THE RICHMOND MEETING.

The 1907 annual meeting of the Nurses' Associated Alumnæ, U.S.A., will be memorable. First, the meeting took steps to assist in the endowment of a Chair of Nursing at Columbia University, $4,000 being promptly subscribed. Secondly, a resolution was passed that Alumnæ Associations should ask for representation on the Boards of their respective Training Schools. These are matters of growing importance, and the Alumnæ are to be most cordially congratulated on their action.

Editorial Notes.

CANADA.

Iodine Spirit Catgut.—This is now being used a good deal in hospitals in Toronto and elsewhere. It is also in vogue in Great Britain, and in the Johns Hopkins and other American hospitals.

ENGLAND.

A Model Maternity Hospital.—The new London Lying-In Hospital is said to be a perfect building. The floors are of soft and silent Terrano, there are no corners, because the walls and window-frames are all rounded to meet. The paint is pale, the air filtered, the doors are of teak and swing noiselessly. The babies' bathing room, designed by the matron, Miss Fox, has eight small enamelled baths, with a little stool for the nurse in front of each. There are pedals to turn on the hot and cold water and various other up-to-date devices.

Hospitals as Schools of Health.—Everybody now-a-days is thinking that hospitals should be centres of education in matters of health and disease; *e.g.*, the following lovely Cockney tales from the *Nursing Times*: "Two patients admitted into the Medical Mission Hospital, Canning Town, complained bitterly of the open windows, and anticipating neuralgia, implored the nurse to shut them. 'No, I cannot shut the window without doctor's opinion,' was the reply. The windows never *did* get shut, and in three weeks' time, as the patients left, one remarked, 'Well, there, Miss, I'm sorry for my poor 'usband—he do like a cosy 'earth, 'e do; but I means to get them windows open afore I'm a day older'; whilst the second patient remarked placidly, 'Well, Miss dear, if yer 'ears of me being separated, ye'll know it's open windows as 'as done it.'"

IRELAND.

The Belfast Nurses' Missionary Union.—Miss Finch-White delivered an address at the last bi-monthly meeting of the Union, in the course of which she said: "The wonder to me is that more nurses do not go abroad, we need not fear the life, for it is full of interesting professional work and heart-stirring effort for our less fortunate sisters."

The Rotunda.—The latest report of this celebrated Dublin Hospital shows that 4,158 women were attended during the year. A great deal of conscientious and scientific work is done by the medical and nursing staff. Besides being cared for, the patients are educated in the care of themselves and their infants, and great pains are taken to communicate with their friends. When they leave the hospital they are driven home free of expense. It is stated that the cost is not one quarter of that in the English maternity hospitals.

SCOTLAND.

An Association of Superintendents.—It is hoped that before long there will be such an Association in Scotland. There are now four such in Great Britain—the Matrons' Council, the Irish Matrons' Council, and two Associations, Northern and Southern, of Queen's Nurses' Superintendents.

The New Glasgow Samaritan Hospital For Women.—This is now the largest hospital for women in the United Kingdom, containing 86 beds. The new wing was opened recently by Lady Blythswood.

AUSTRALIA.

An Australian Nurse in Canada.—Nurse Gertrude N. Wilshire, of the Philip St. Nurses' Home in Sydney, and now of the Vancouver Graduate Nurses' Association, in Vancouver, sends a very interesting letter to the *Australasian Nurses' Journal*, describing her early experiences in Canada. She says, *inter alia*, "Canadians, I think, are really the most hospitable people I have ever met; the women-folk the most wonderful house-wives."

SOUTH AFRICA.

English Head Nurses.—The Kimberley Hospital authorities "on account of the small minority of probationers who go on registration, and the still smaller minority who qualify for the more responsible posts" have reluctantly been obliged to send to England for Ward Sisters.

FRANCE.

A Nursing School.—Dr. Anna Hamilton, Directrice of the Maison de Santé Protestante de Bordeaux, has just presented the 44th annual report. The medical superintendent, Dr. Dupond, speaks of the unwearied zeal and devotion of the nurses "under the firm and intelligent direction of my distinguished colleague, Mlle. le Docteur Hamilton."

JAPAN.

Private Nursing.—A correspondent of the *Nursing Times* says private nursing does not differ greatly from private nursing in England. Maternity cases predominate. The climate is damp, but late autumn and early winter days are sunny and bracing. Japanese servants on the whole are good, specially attentive in sickness and devotedly attached to infants.

EGYPT.

Egypt.—Lord Cromer's last official report is full of medical interest. The Anti-Rabic Institute, in eight months, treated 451 patients, of whom only four died of rabies. Sir Ernest Cassels' Ophthalmic Hospitals healed during the year, 7,000 new patients. Three large hospitals are being built in the Soudan, and a dispensary for children has been opened in Cairo. Lord Cromer's retirement, owing to ill-health, closes a career which has done more for Egypt than any other statesman's career there since the time of Joseph.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from.

Queen Alexandra's Imperial Military Nursing Service.
The Canadian Permanent Army Medical Service (Nursing Branch).
The Canadian Society of Superintendents of Training Schools for Nurses.
The Association of Hospital Superintendents of Canada.
The Canadian Nurses' Association.
The Manitoba Association of Graduate Nurses.
The Graduate Nurses' Association of Ontario.
The Victorian Order of Nurses.
The Guild of St. Barnabas for Nurses.
The Collingwood General and Marine Hospital Alumnæ Association.
The Edmonton Graduate Nurses' Association.
The Fergus Royal Alexandra Hospital Alumnæ Association.
The Galt General Hospital Alumnæ Association.
The Guelph General Hospital Alumnæ Association.
The London Victoria Hospital Alumnæ Association.
The Kingston General Hospital Alumnæ Association.
The Montreal General Hospital Alumnæ Association.
The Montreal Royal Victoria Hospital Alumnæ Association.
The Ottawa Lady Stanley Institute Alumnæ Association.
The St. Catharines General and Marine Hospital Alumnæ Association.
The Toronto Central Registry of Nurses.
The Toronto General Hospital Alumnæ Association.
The Toronto Grace Hospital Alumnæ Association.
The Toronto Hospital for Sick Children Alumnæ Association.
The Toronto Riverdale Isolation Hospital Alumnæ Association.
The Toronto St. Michael's Hospital Alumnæ Association.
The Toronto Western Hospital Alumnæ Association.
The Winnipeg General Hospital Alumnæ Association.
The Vancouver Graduate Nurses' Association.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia

Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent; President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

The following ladies have received appointments as Staff Nurses: Miss F. A. Harris, Miss J. Connell, Miss E. K. Parker, Miss K. E. Hearn, Miss E. A. Rutherford.

Postings and Transfers.

Matrons.—Miss H. McCurdy, to M. Hp., Canterbury, from M. Hp., Gosport; Miss J. Hoadley, R.R.C., to M. Hp., Curragh,

from M. Hp., Canterbury; Miss S. L. Wilshaw, R.R.C., to M. Hp., York, on return from Egypt.

Sisters.—Miss J. W. Wilson, to M. Hp., Dover, from M. Hp., Gosport; Miss B. F. Perkins, to the Q. A. M. Hp., Millbank, London, on return from Malta; Miss M. E. Neville, to R. I., Dublin, on return from Malta; Miss M. Worthington, to the Q. A. M. Hp., Millbank, London, from M. Hp., Colchester; Miss G. Knowles, to M. Hp., Colchester, from the Q. A. M. Hp., Millbank, London; Miss B. S. Vaughan, to C. Hp., Aldershot, on return from South Africa; Miss E. C. Cheetham, to South Africa, from M. Hp., Curragh.

APPOINTMENTS CONFIRMED.

Staff Nurses.—Miss. C. H. E. Gerahty, Miss J. H. Congleton, Miss M. Tedman.

ARRIVALS.

Miss S. L. Wilshaw, R.R.C., Matron, from Egypt.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

THE annual graduation exercises of the Training School for Nurses at the Hospital for Sick Children, Toronto, were held in the Nurses' Residence on June 8th, 1907. Among those present were the Chairman, Mr. J. Ross Robertson, Rev. Canon Welch, Mr. Cockshutt, Dr. Bruce-Smith, Dr. McPhedran, Mr. Cameron and Dr. Primrose. The Chairman, in his address, stated that there had been 250 applicants during the year, of whom 80 were accepted, and 34 entered the school, of whom 18 were finally accepted. Mr. Robertson also gave an outline of the history of the school during the past year, describing several important changes. Addresses were given by Canon Welch, Dr. Bruce Smith, and the Superintendent, Miss Brent, who announced the foundation of three scholarships by Mr. John Ross Robertson. These were awarded as follows: Senior, Miss Hattie Leech, $50.00; Intermediate, Miss Amy, $30.00; Junior, Miss McNeil, $20.00. The names of the graduates are: Miss Hattie A. Leech, Toronto; Miss May McPherson, Peterboro; Miss Ida W. James, Brampton; Miss Lena Ross, Montreal; Miss Marcia Nichols, Oakville; Miss Letta Fellows, Ottawa; Miss Alesemon Gilby, Appin; Miss Viola Wallace, Woodbridge; Miss Annie MacDonald, Peterboro. The Superintendent's prizes for proficiency were presented by Mrs. J. Ross Robertson to the winners, Miss Leech and Miss Nichols. At the close of the exercises, refreshments were provided and dancing was enjoyed by the nurses and their friends till nearly midnight.

The Contributors' Club.

Catalogue of the Medical Library, Maria Louisa Robertson Nurses' Residence, Hospital for Sick Children, Toronto.—(*Continued.*)

113—Surgical Nursing ..... Voswinkel
114—Physiology and Hygiene ..... Hutchison
115—Food for the Sick ..... French
116—Chemistry, Conversation on ..... Ostwald
117—Bacteria, Yeasts and Molds ..... Conn
118—Toxicology ..... Riley
119—Nursing, Notes on ..... Nightingale
120—Feeding of Infants ..... Cautley
131—House, The Care of the ..... Clark
132—Obstetrical Technique ..... Cook
133—Food in Health and Disease ..... Yeo
134—Diet in Disease ..... Pattee
135—Surgical Nursing ..... Howard
136—Anatomy and Surgery, Elementary, for Nurses .... Eccles
137—Gynæcological Nursing ..... Stewart
138—Surgery, Notes for Nurses ..... Bell
139—Medicine, Lectures for Nurses ..... Cuff
140—Invalid Cooking, Handbook ..... Bolland
151—Chemistry, Briefer Course ..... Remsen
152—Urine, Examination of ..... Saxe
153—Surgery, A Handbook of ..... Griffith
154—Medicine, A Practice of ..... Hughes
155—Chemistry, Elementary Course ..... Remsen
156—Helps and Hints in Nursing ..... Griffith
157—Nursing, A Handbook of ..... ——
158—Fever Nursing ..... Wilson
159—How to Feed Children ..... Hogan
160—Cook, How to, for Sick ..... Sachse
171—Maternity, Infancy, Childhood ..... Keating
172—Mother and Child ..... Davis
173—Fat and Blood ..... Mitchell
174—Nursing Ethics ..... Hampton Robb
175—Obstetrical Nursing ..... Tuley
176—Diseases of Children, A Manual of ..... Ruhrah
177—Nurses' Text-book, for Training Schools, Part I .... Wise
178—Nursing, A Text-book of ..... Weeks-Shaw
179—Urine, Practical Examination of ..... Tyson
180—Medical and Surgical Nursing ..... O'Brien
191—Nervous and Insane, The ..... Mills
192—Medicine, A Manual of the Practice of ..... Stevenson

(*To be continued.*)

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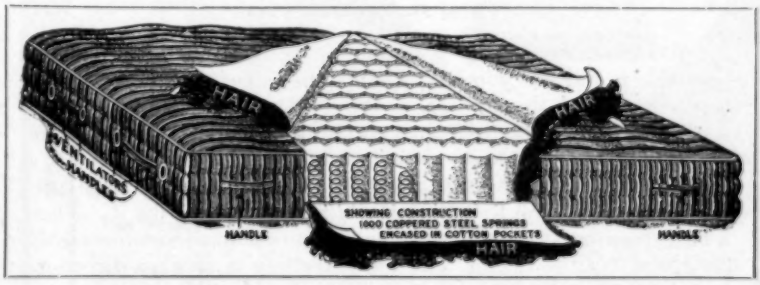

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Correspondence.

FROM A WINNIPEG GRADUATE.

To the Editor CANADIAN NURSE, Toronto:

DEAR MADAM,—Kindly allow me to express my appreciation of THE CANADIAN NURSE.

Heretofore we have been obliged to depend on American publications, and I am sure we are delighted to have a journal of our very own, and especially so as it has proved to be such a good one. I am trying to gain subscribers.

Believe me,

Yours sincerely,

FROM AN OTTAWA NURSE.

THE CANADIAN NURSE, Toronto:

DEAR MADAM,—Thank you very much for stamps in place of January and February numbers of THE CANADIAN NURSE. I find the March and April numbers arrived at my room on April 8th. I am very much pleased with them, it is so nice to have a good Canadian nursing journal, and this has been so much improved since I last saw one (about a year ago). With best wishes for success.

Yours very sincerely,

FROM NEWFOUNDLAND.

MY DEAR MISS HARGRAVE,—I am so sorry that I have not been able to write to you before, but sometimes it seems impossible to sit down and think what to write. The work here is so constant that it is very difficult to write other than home letters. Lately I have been busy ordering a complete list to furnish a "Guest House," which Dr. Grenfell is going to have here this summer. I have yet to make out a list of provisions for it. Then I have been on two Komatik journeys to see some sick people in the absence of the Doctor, who was travelling in another direction. I shall send you an account of it later on. Miss Mayou, who was to have gone to Harrington, is staying at the orphanage. She is learning weaving and basket-making, so that she may teach the people at Harrington. She also helps in operations and took charge of the hospital when I went away.

Believe me,

Yours sincerely,

We Make Any Style Nurse's Bibs and Aprons to Order

THIS NURSE'S APRON is made of fine but strong cotton, is two yards wide, and finished with eight inch hem. The band is two inches wide and fastens with buttons and button-holes or made with button-holes for studs. Price.....57c

THE BIB is made to order in any style required. The one shown in picture as worn by the nurses of the General Hospital, Toronto, is pleated at waist and crossed at back and worn under the apron 43c

When ordering, please state waist measure and length of apron required.

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COMFORT HOT WATER BOTTLE, finest red rubber, **$1.35, $1.60, $1.85, $2.15** according to size.

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Hospital and Training School Department

Miss O'Connor, of the Hamilton branch, V. O., is taking a three months' vacation.

The Government of Newfoundland intends to re-model the Provincial Hosital at St. John's.

Dr. Charles St. Pierre has been appointed house surgeon at Notre Dame Hospital, Montreal.

Miss Houlihan leaves June 10th to assist Miss Heales in the Lady Minto Hospital, Melfort, Sask.

Miss Margaret Lynnott, graduate of Water St. Hospital, Ottawa, has been accepted as a V. O. nurse.

Toronto needs a new hospital, inasmuch as there is now no hospital where cases of measles will be admitted.

Dr. Walter M. English, of London, has been appointed Superintendent of the Hospital for the Insane at Hamilton.

It is proposed to found an Infants' Hospital in Montreal, in order to arrest the great wastage of infant life in hot weather.

Miss Elizabeth Hagan has been obliged, on account of illness in her family, to resign her position in the hospital at North Bay.

Dr. D. W. McKechnie has resigned from the Resident Staff of the Royal Victoria Hospital, Montreal, and will take up private practice in the Montreal Annex.

The Superintendent's recent weekly report for the Montreal Protestant Hospital for the Insane shows nine new patients admitted, two discharged cured and five deaths.

Miss Laura McGillivray, a graduate of the Barrie Hospital, has accepted a position in the Galt Hospital, Lethbridge, Alberta. We wish her great success in her new position.

The Montreal Foundling and Baby Hospital, 43 Argyle Ave., has just held its 15th annual meeting. The Medical Staff and the Board of Directors comprise both Protestants and Roman Catholics.

Miss K. I. Stewart, a graduate of the Winnipeg General Hospital, and late of the New York General Memorial Hospital, has been appointed lady superintendent of the Masonic Hospital, at Morden, Man.

The Board of Health of Hamilton and a special committee of the Hamilton City Council are endeavoring to find a suitable site for the new Isolation Hospital, as it is not thought wise to erect it on the present hospital grounds.

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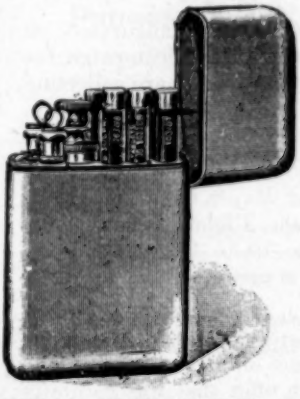

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Dr. H. M. Patton, of the Mount Royal Sanatorium, Dominion Square, Montreal, Canada, is taking a special course in physiological therapeutics, at the Pennsylvania Orthopædic Institute, Philadelphia.

"Jappyland," a *mélange* of selections from "The Mikado," was given recently at the Theatre Francaise, of Montreal, in aid of the funds for the new Nurses' Home of the Western Hospital. It was in every way a pronounced success.

The Montreal Children's Memorial Hospital is to have an addition, to be known as the "Maxwell Teachers' Memorial Wing." A very successful concert was given for the benefit of the funds recently in the High School Hall.

The Hon. Treasurer of the Montreal Western Hospital has received several handsome subscriptions, *viz.*, Miss Mary Dow, $8,000, Mr. Peter Lyall, $5,000, Mr. John Murphy, $1,000, and Messrs. Drummond, McColl & Co., $1,000.

A great many private nurses are sending for the book on Invalid Cookery. Here is one: "Am enclosing one dollar for a couple of the books on 'Invalid Cookery,' which I see advertised in the May number of The Canadian Nurse.

The Minnedosa, Man., Hospital Fund has now reached $7,000, and H. S. Taylor, Esq., chairman of committee, has called for tenders for a site. The site must comprise one or two acres, and be within easy access of the Little Saskatchewan River.

Mrs. C. R. H. Warnock, of Galt, Ont., has inaugurated, on behalf of the Municipal Aid Society, a new plan of campaign for the benefit of the hospitals. She and her assistants are collecting one mile of coppers for this purpose. It takes 63,360 coppers to make a mile.

The Canadian Red Cross Society is to be re-organized. Colonel J. W. Gibson is President, and Major C. A. Hodgetts, A.M.S., Secretary. The delegates to the Eighth International Red Cross Conference in London, June 10 to 15, will be Col. Gibson and Col. Ryerson.

The Hospital Governors in Hamilton have decided to charge semi-private patients for extras and to utilize the fire-escapes for fresh-air wards. Mrs. George Roach has offered to furnish the nurses' dining-room in the new wing, an offer that was cordially accepted by the Governors.

The Sick Benefit Fund of the H. S. C. will likely profit largely by the successful sale of the Invalid Cookery and Infant Feeding, prepared under the supervision of the medical staff and the Dietitian of the hospital. Among recent sales reported are twelve copies for Owen Sound, Ontario.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

Glyco=Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of GLYCO-HEROIN (SMITH) explain the curative action of the Preparation in the treatment of

Coughs, Bronchitis, Pneumonia, Laryngitis, Pulmonary Phthisis, Asthma, Whooping Cough

and the various disorders of the breathing passages.

GLYCO-HEROIN (SMITH) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the bye-effects common to those drugs.

DOSE.—The adult dose is one teaspoonful, repeated every two or three hours. For children of more than three years of age, the dose is from five to ten drops.

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request.

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Miss Marion A. Taylor, R.H.K. ('01), M.G.H. ('05), has been appointed Staff Nurse of Miss Alston's Private Hospital, New York City, N.Y.

Conferences are now being held between a special committee of the City Council, Victoria, B.C., and the Governors of the Provincial Royal Jubilee Hospital, of Victoria, in connection with the proposal that the Governors should take over the management of the City Isolation Hospital.

The Manitoba Sanitarium for Consumptives will, it is hoped, soon be erected, as $30,000 has been already subscribed of the $75,000 required, and a site committee are actively at work. The report of Dr. Beel, Provincial Bacteriologist, shows that there are 250 cases of tuberculosis in Manitoba annually.

Halifax is to have an Infants' Hospital. The *Halifax Chronicle* strongly supports the proposal and points out that whereas the normal death-rate of the city is only about 120 per week, the death-rate of infants alone from June to August is 100 per week. It is intended that the hospital shall be a school for mothers, as well as a hospital for infants.

We learn with great regret that Dr. Gilbert Tweedie, so long identified with the work of Riverdale Hospital, has resigned the position of Superintendent on account of ill-health. The Doctor and Mrs. Tweedie recently celebrated their golden wedding, a very happy occasion, and we join with all their friends in the hope that rest and freedom from his onerous professional duties will restore him to good health.

Nurses abroad who take The Canadian Nurse are sending for the H. S. C. book on Invalid Cookery. A letter from Los Angeles, Cal., says: "Will you be so kind as to send me a copy of the new book on Invalid Cookery. I noticed it mentioned in my last Canadian Nurse. It is a subject on which many nurses are poorly qualified, and none of us can be too efficient in that line. You will oblige me greatly by sending it real soon to the above address. Yours sincerely, Annie B. Wall."

Miss A. Maud M. Crawford has returned from her winter in Scotland, we are delighted to learn, quite well and strong again, her native air and the salt water having, as usual, done wonders. Her wedding, to Mr. Hamilton, of Calgary, is announced for June 29th, at Winnipeg, and will be very quiet, only relatives being invited. After a wedding journey to the East, which will, we hope, include Toronto, the bride and bridegroom will leave for their new home in Calgary.

Dr. Robert E. Wodehouse, at present a member of the House Staff at the H. F. S. C., Toronto, has been appointed Medical Superintendent of the Riverdale Hospital. We offer our congratulations on this important appointment, and wish

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the new superintendent, who has already had more practical experience than falls to the lot of most recent graduates, every success. Dr. Wodehouse entered Trinity in 1902, and since graduation has been engaged in hospital work at Sarnia, Buffalo and Toronto.

Recent letters from Dauphin, Man., contain interesting accounts of the progress of Dauphin General Hospital Training School for Nurses, under the able management of Miss Brereton, the Lady Superintendent, whose services are highly appreciated. In this connection we desire to correct a mistake in our May number, in which, by some means, the Dauphin General Hospital was confused with another hospital, and an incorrect statement made in regard to the name of the Lady Superintendent.

Invitations have been issued by the trustees and officers of Lakeside Hospital, Cleveland, to the Commencement Exercises of the Seventh Graduating Class of the Training School for Nurses, on May 23rd. Among the graduates are: Misses Mary Robertson, of Everton; Isabel Lillico, of Peterboro', and Emma A. Hawley, of Napanee. Miss Hawley has further distinguished herself by winning two prizes—a special prize from the hospital, and the general prize for practical and theoretical standing. Miss Gertrude E. Burgham, of Chatham, has won the 2nd prize among the first year students.

Twenty students, twelve of them being trained nurses, of the second section of the Fall class, 1906, and of the Winter class, 1906, of the Pennsylvania Orthopædic Institute and School of Mechano-Therapy (Incorp.) 1711 Green Street, Philadelphia, received their diplomas at the end of the term. Among them were, in Massage, Gymnastics, Electro and Hydro-Therapy: Mrs. Margaret G. Moore, Pasadena, Cal.; Mrs. Caroline Beer, Paris, France; Miss Emily Traiforos, Manchester, England; Mrs. Anne Goebell, New York. In Massage and Gymnastics: Miss Lydia Hunter, Montreal, Canada.

On Saturday, May 18th, a public meeting of nurses was held in the theatre of the Normal School to make further plans for the "Toronto Graduate Nurses' Club," and to distribute tickets for the show given under the auspices of the club, in the Grand Opera House, on June 10, 11, 12th. Owing to the usual circumstances in a trained nurse's life, only about thirty were able to be present, but as these were all enthusiastic in the work, much progress was reported. About ten new names were secured for the Club, one nurse showing her faith in the future of the Club by subscribing for ten shares. The shares are $5 each, to be paid when the stock certificates are issued. Sixty nurses have thus far subscribed for shares, which is considered to be very good considering the difficulty in getting many nurses together

First Showing of the Spring Embroideries at Simpson's

TASTEFUL WOMEN will be delighted to hear that Simpson's new embroideries are in. We are making a special and a comprehensive showing of them now. Come and see, and come prepared to admire. All the best Switzerland could show us has been culled for the utmost variety consistent with the Simpson standard of daintiness. The assortment comprises All-overs, Insertions, Edgings, Flouncings, Beadings, Skirtings, Medallions and "Baby" Edgings and Insertions in sets of Nainsook and Swiss. It is impossible to describe the beauty, fineness of quality, exclusiveness and newness of these embroideries in cold type. Here are details as to prices:

Cambric Embroideries. Cambric Embroideries from 1 inch to 5 inches wide, per yard, **5c** to **50c.**

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Nainsook Embroideries. Nainsook Embroideries, from 3-4 inch wide to 5 inches, per yard, **10c** to **75c.**

"Baby" Nainsook and Swiss Sets. Nainsook and Swiss Sets in the finest designs, 1-8 inch to 8 inches, with insertions to match, in two widths, prices per yard, **10c** to **85c.**

Corset Covers Embroideries Corset Covers Embroideries, in Cambric, Nainsook and Swiss, 16 inches wide, per yard, **25c** to **$1.25.**

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TORONTO, ONT.

at one time. The Club is now incorporated and has a regular legal standing, being able to hold property and transact business as a company. The next work is the building of a club house, and toward this end Prof. Crocker's troup of trained horses and ponies was secured to exhibit in the Grand Opera House. The nurses made enthusiastic canvassers for tickets. Most of their friends were glad to help in the project, as the idea of a nurses' club house built on approved plans seems to be quite popular. We can thank our friend, Mr. J. Ross Robertson, for much of this feeling, as his generous gift of the Nurses' Residence to the Sick Children's Hospital has put new ideas of the requirements of nurses into the public mind.

Our readers will be interested in seeing what six superintendents of hospitals said when they got the H. S. C. book on Invalid Cookery. "Dear Madam: I send you the amount for your text-book of 'Invalid Cookery and Infant Feeding.' We think it will be a great help to us. I remain, yours sincerely."

"I think it very good indeed, and am sure it will be of great help to nurses in private practice."

"I will take pleasure in speaking of it to our Alumnæ and pupil nurses."

"I am very glad to have your recipe book. It is excellent and very nicely gotten up."

"The book is both useful and neat, just the thing for private practice."

"I think it a very useful book and am quite pleased to have it."

The Aberdeen Hospital, of New Glasgow, Nova Scotia, has just published its tenth annual report, and a most interesting report it is. The ordinary revenue is about $10,000, and the expenditure on the new building is double that sum. We notice a number of bequests, and also that over a thousand dollars has been received from the Talent Fund, while the Ladies' Auxiliary have given $1,300 towards the furnishing of the new wing. This new wing is modern, beautiful, and magnificently equipped. We wish our space would allow a full description, but we must content ourselves with mentioning the oak wainscoting, the solid oak doors, the white and blue tile floors, the white enamel, the hospital base, the red brick open fire-place, the telephone system, the hydraulic lifts, the sun room, the diet kitchen, the linen closet, and the library. The hospital is said to be the finest in the Maritime Provinces and one of the best in Canada. We have pleasure in adding a few brief extracts from the report: "Away from the busy strife and bustle of the town on high grounds, on a commanding situation, on the West Side, is situated the Aberdeen Hospital. It is an ideal spot. Here patients, not only from New Glasgow, Trenton, Stellarton, Westville, and the country

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round, but also from the surrounding counties, find a quiet retreat, and at the same time know that the treatment they receive is of the highest order. The hospital is in charge of Miss Sheraton, Matron of the Institution, since its opening, and a most capable and thorough Superintendent, who has the absolute confidence of all. Under her are a head nurse, and a staff of ten nurses. The hospital is under a Board of Management of men of honor, of philanthropic spirit, and of the best standing in their own communities, and is a source of pride and comfort to the citizens of New Glasgow and surrounding districts, and is a monument to the wisdom and foresight of its founders, and to the liberality of the good people of this and surrounding districts. The plan of the hospital may be described simply as a hollow square with the series of buildings round. The top floor over the new wing is devoted entirely to the nurses' quarters. At present there are on duty in the hospital thirteen nurses in training and one graduate nurse. Three years is the course for nurses. They are given instruction in surgical operating, medical nursing, district nursing. They require to pass an entrance examination and must have at least a good common school education."

THE twenty-fifth graduating class of the Training-school for Nurses of Toronto General Hospital was twenty-nine in number—Misses Millie C. Allen, Alliston; Evelyn Lucretia Beatty, Toronto; Berta Brydon, Little Current; M. A. Beatrice L. Ellis, Doaktown, N.B.; Effie M. Feeny, Toronto; Katherine M. Forrest, Toronto; Grace A. Gray, Eden; Rose Hally, Toronto; Ada W. Hammell, Beeton; Lella D. Harper, Uxbridge; Blanche L. Harrington, Wellington; Mary Jackson, Woodstock; Alice M. Johnston, Dartmouth, N.S.; A. Thyra B. Jordan, Perth; Alice B. McLeod, Toronto; Margaret McKay, Aberfoyle; May A. McLeod, Manitowaning; Kate Mitchell, Toronto; Louisa Morrison, Ashgrove; E. A. Offord, Galt; Margaret J. Riddle, Kirkwall; Kate G. Ross, Elora; Minnie H. Samson, Chatham; Annie T. Scadding, Toronto; Jessie T. Scott, Strathclyde, Barbadoes; Adelyne M. Skinner, Schomberg; Emmaline E. Smillie, Salem; Jennie E. Smith, Aurora; Clara L. White, Toronto. The graduating exercises took place on June 14th, at 3.30 p.m., and a most pleasant afternoon was spent, the formal proceedings being followed by a garden party. The report of the Superintendent, Miss Snively, was, as usual, the feature of chief interest. Addresses were given by the President, Dr. J. W. Flavelle, and Mr. Irving H. Cameron, F.R.C.S. The following is the list of prize-winners: Special prize of $50, offered by Mr. J. D. Patterson, of Woodstock, for excellence in application of Principles of Aseptic Surgery, Millie C. Allen, Alliston, Ont. Special prize of $25, offered by Training School Alumnæ, for best Essay on "Care of Typhoid Fever Patient" (name announced later). First prize, General Proficiency, offered by Dr. Charles O'Reilly,

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Evelyn L. Beatty, Toronto. Second prize, General Proficiency, offered by Mrs. Walter S. Lee, Millie C. Allen, Alliston, Ont. Third prize, General Proficiency, offered by R. L. Patterson, Todmorden, Effie M. Feeny, Toronto. Special prize, Practical Nursing, offered by Dr. J. N. E. Brown, Minnie H. Samson, Chatham; Emmaline E. Smillie, Salem. Ont. Special prize for neatness and order in bed-room, offered by Mrs. R. B. Hamilton, Beatrice Ellis, Doaktown, N.B.; E. A. Offord, Galt, Ont.

THE second annual meeting of the Toronto Central Registry was held on Saturday, June 1st, in the Forester's Building, and was followed by one of the pleasantest and most cordial receptions of the season. The year has been a most successful one and there are now 234 names on the registry list, including representatives from the five training schools in Toronto, as well as from several English hospitals, the Montreal General, the Royal Victoria, the Winnipeg General, the Rooseveldt, the New York, the Johns Hopkins, and other American hospitals, and a large number of Ontario hospitals. Last year the number of calls was 558, and this year there were a thousand more than last, showing the need the registry fills. The income from registry fees was $1,280.50, and the expenses, $1,049.96. A fund is to be established to pay for cases of emergency, such as one which occurred last winter, when a nurse was supplied and paid for by the registry to an out-of-town patient suffering from a contagious disease, unable to pay. Mention was made of the death of Miss Haldenby, of Grace Hospital, Mrs. Cranfield and Miss Craig, of the Toronto General, and Miss Sutton, of Detroit Hospital. The scope of the registry has been much enlarged, three nurses and a housekeeper having been sent to Cleveland, a supervisor to Cincinnati, an assistant head nurse to Grand Rapids, Mich., an assistant nurse to West Chester, Penn., and two head nurses to Northern Ontario. Charts are now kept on hand, which may be procured by nurses at reduced rates. A trained dietitian, who will on short notice supply orders for invalids' diet, will be added to the staff of the Registry. Another addition is the nurse for surgical operative work, whose services may now be had. Miss Ewing, Acting Convener of the Registry Committee, in the absence of Miss Crosby, who is travelling abroad, presided in a very acceptable manner. The chief feature of the programme was, of course, the report of the Registrar, Miss Barwick, from which th above items are taken. The programme was preceded by an Invocation, pronounced by the Rev. Father Minehan, who afterwards made a few witty and sympathetic remarks to the nurses. Miss Ewing welcomed the large audience in a few well-chosen words, and two papers, the first by Miss Patton, Superintendent of Grace Hospital, on "Nursing Ethics," and the second by Miss Gladys Owen, of St. James' Parish, on "Parish Nursing," were also given. Mr. R. A. Greer, by request, gave a brief account of the finances up to that date in

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connection with the Grand Opera House entertainment for the benefit of the Nurses' Club House, on June 10-12, and Miss Bowerman, President of the Toronto Nurses' Club, gave an interesting account of the foundation and objects of the Club. The Reception, as we have already said, was a most friendly and pleasing social gathering. Everyone stayed and everyone enjoyed herself. Miss Lawler was requested by the Registrar to cut the Second Birthday Cake, a duty which she performed to the satisfaction of all, upon which the cake was pronounced excellent. The Registrar, Miss Barwick, and her committee, have done great service to the nursing profession, and the success of their work shows how much it was needed. Long may it flourish in the new Club House! Miss Maud Barwick has been appointed Assistant Registrar.

We are indebted to Miss R. MacDonald for the following interesting account of the hospital, Indian Head, Sask.: Some three or four years ago a woman was taken ill here in one of the hotels. The people of the hotel were too busy to take care of her, and as she was helplessly sick, she was dependent on the neighbors who were kind enough to come in at intervals and wait upon her; but even the best they could do under the circumstances was but poor nursing service, and the woman died. Of course she might have died had she had the very best of care; but this case and several others which came under the notice of the people here put it into the minds of some to have a little hospital. Accordingly a few months later when Miss MacLeod, then Chief Lady Superintendent of the Victorian Order, made a visit to the town, the building of a small hospital, with the aid of the Victorian Order, was talked about, and really decided upon. Later, however, the people of Indian Head thought they would rather have the hospital independent of the Victorian Order, and so decided to build one themselves, but requested the Victorian Order to supply nurses, which they did. We have now a hospital owned by the people of Indian Head and vicinity, but the staff are all Victorian Order nurses. It was in January, 1905, that the Indian Head Hospital, then called Lady Minto Hospital, was opened. It was built to accommodate eleven patients, having two small wards each for three beds, one for two beds, and three private rooms. The building is a very convenient one, the patients occupying the first two floors, the nurses the third. The kitchen, pantry, and nurses' dining room are at the back of the main building. We have a very nice operating room with white tile walls half-way to the ceiling and enamelled plaster above, and tile floors. It is fitted with all the necessary furniture. A preparation room adjoins in which we have both dressing and water sterilizers heated with gasoline, as there is no gas in our town as yet. We are favored, however, in having both electric light and town water. This is very good for a town of only seventeen

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hundred people. The hospital is supported by private subscriptions, municipal grant, government grant, besides patients' fees. The building and equipment are valued at ten thousand dollars ($10,000), and are free of debt. There were those who thought when the hospital was being built that it was an unnecessary expense, or at any rate that one of four or five beds would be of ample size, but just to show that it really was needed, before it had been running quite eight months we found it necessary to have more beds, and consequently four have been added to our original number, making our wards somewhat crowded. During the last six months, in the hospital built for eleven patients the daily average has been thirteen. As to medicine and surgery, the work is fairly well divided. Out of a total of one hundred and ninety-two cases there were eighty-eight surgical operations, the majority of which were major. It is during the autumn months that the people realize the need of the hospital, when such numbers of the young men who have come west on the harvest excursions are taken sick away from home and friends, and without money, many of them. Our staff has consisted of three trained nurses, besides the superintendent, but the last few months has shown that the work was more than we could overtake, so another nurse is to be added to our number.

A NEW wing, replete with every modern convenience, will, in all probability, be erected at the General Hospital, Stratford, this summer at a cost of $20,000. During the past year the accommodation has not been sufficient for the requirements of the county, and it is felt by the trustees that it is absolutely necessary that a new wing be erected. The plans of the new wing, as drafted by Mr. T. J. Hepburn, architect, provide for a three-storey white brick building, 40 feet by 69 feet, to be erected on the south-west corner of the present building, and a large two-storey verandah on the south side of the old hospital. The basement of the new building will be fitted up with a hot water heating plant and comprise furnace, fuel and refrigerator rooms. A special ward will be constructed for delirious patients. The ground floor will consist of private wards, dispensary, bath rooms and superintendent's private rooms. The first floor will be fitted up for maternity cases only, having one public ward, a children's ward and several private wards. The main feature of the second floor is the operating room. It will be fitted up in the most approved style and contain every modern improvement. On this floor there will be anesthetic, sterilizing, doctors' dressing and wash room, also recovery rooms and a supply room for surgical appliances. The operating apartment will be finished in white enamelled paint with art mosaic floors. The walls will be constructed and finished in Keen's cement, making the rooms entirely antiseptic. The walls of all the bathrooms will be finished in this cement and mosaic floors. On the top floor accommodation will be made for an in-

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creased nursing staff. The building will be ventilated with the gravity system, fresh air being supplied to every apartment of the building. The direct-indirect system of hot water heating will be used. Two important features in connection with the new building are the elevator and verandah. The elevator will be an electric one and run from the basement to the top storey. It will be of great assistance in carrying patients to the operating room and other portions of the building. The verandah will be constructed on the south side of the present building, and will be two storeys high. It will be seventy-four feet long and sixteen feet wide, and a portion of it will be enclosed in glass and used for sun baths and convalescent rooms. The building will be constructed on about the same lines as the present hospital, and when completed will present a very imposing appearance. Several changes will be made in the present building and provision made for a public waiting room, board room, etc. Since the erection of the General Hospital about seventeen years ago, its reputation has been raised to a higher standard every year till at the present time there are few better institutions in the Dominion.

MARRIED.

ADAMS—WARTMAN.—On April 17th, 1907, Miss Amy Wartman, of Kingston (graduate Kingston General Hospital), was married to Mr. Edwin James Adams, of Ottawa.

CROTHERS—ELLIOTT.—On April 16th, 1907, Miss Anna C. Elliott, of Kingston (graduate of Kingston General Hospital), was married to Mr. William J. Crothers, of Kingston.

The British Journal of Nursing is one of our most welcome weekly visitors. It will always be remembered for the brave way it has worked for the legal registration and recognition of the nursing profession in Great Britain. The first page is always devoted to a good editorial. Then there are medical and clinical articles and a number of interesting departments. We are glad that some of the most progressive of our subscribers are now subscribing also for this excellent journal. The price is one penny weekly, and orders may be sent to our office.

The Queen's Nurses' Magazine is another favorite friend of THE CANADIAN NURSE. The latest issue is adorned with a signed portrait of Her Majesty Queen Alexandra. News of the Queen's Nurse, a deeply interesting memorial sketch (with portrait), of Miss Guthrie Wright, editorials, departments, practical hints, prize competitions, etc., complete this excellent number. The magazine appears three times a year, and costs (in England), only 1s. 3d. Subscriptions may be sent to our office.

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Elements of Hygiene and Sanitation. Hough & Sedgwick. Boston, New York, Chicago, London: Ginn & Co.

The high reputation of the two authors whose work we have here before us, and the importance of their subject, justify us in expecting a good book. And we are not disappointed. It is an excellent piece of work. It is a reprint of Part II. of their larger work, "The Human Mechanism." It may be described as a handbook on the right conduct of physical life. The three divisions of personal hygiene, domestic hygiene, and public hygiene, are each well and sensibly discussed. The style of the book is interesting and the execution good. There are a few things we do not agree with, e.g., "It is perfectly safe for most healthy people to take a cold bath after exercise."

The History of Nursing, by Miss Nutting and Miss Dock is now nearly ready and will be issued from the press of G. R. Putnam's Sons, in New York, in a few weeks. The work is divided into three parts:

Part I. Treatment of the sick by animals—By prehistoric man—Nursing in early civilizations—Sanitary code of the Jews.

Part II. Women workers of the early Church—The early Christian hospitals—The Roman matrons—The rise of monasticism—Famous Hospitals—The military nursing orders—Other nursing orders of the Middle Ages—Early English History—Early Canadian History—St. Vincent de Paul and the Sisters of Charity—The dark period of the eighteenth century—Pre-Fliedner efforts—Pre-Nightingale times.

Part III. Miss Nightingale's reformation—Early American history, up to 1873, when our first large schools were opened.

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The Outlook, one of the leading weeklies of London, and one of the most largely read in Great Britain, says in its issue of April 20th: "One could have better spared any educational building in the world than the part of McGill University burned down by two successive fires. They were to scientific education what the Hospital for Sick Children in Toronto is to surgery. They were erected by the beneficence of men to whom both Canada and the Empire owe much, and in their equipment the minutiæ of the best schools in America and Europe were studied. Oxford has long been sighing for the opportunity to equip herself with such an instrument of scientific teaching, but we have no such generous patrons in the older countries, and our Government does not take their place. It will take £150,000 or so to repair the loss, and though Montreal is rapidly becoming a city of

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